

## Your Trusted Source in Achieving Optimal Healthcare Payment and Reimbursement Revenue

For over 30 years, The Rybar Group has been the trusted source for healthcare providers seeking to optimize their financial viability. Our focus on the healthcare industry means we understand the challenges of balancing business operations with patient care. Healthcare organizations must optimize reimbursement, navigate and third-party payor strategies, and maintain compliance in an increasingly complex landscape.

The Rybar Group brings in-depth industry knowledge to help our clients create solutions that align with their organization's goals. Our team leverages decades of regulatory and financial expertise coupled with the experience serving healthcare organizations of all designations and sizes across the United States. We believe it is the combination of industry experience, and knowledge that provides a unique perspective and know-how that delivers the greatest benefits to our clients.

### Culture & Core Values

The Rybar Group makes reimbursement easy so that you can focus less on administration and more on patient care.

Our team of consultants specialize in reimbursement and revenue cycle services. These complex services demand the expertise of our former CEOs, auditors, and specialists, who have walked in your shoes and understand the unique challenges you face. We avoid cookie-cutter thinking and develop tailored solutions that work within your operations and culture.

Through our exceptional talent and national reach, you'll have the best minds at your disposal and replace your reimbursement headaches with peace of mind.

### Facility Reimbursement

The healthcare industry is evolving with changes and new rules and regulations. We understand the challenges and compliance requirements of reimbursement and can help create the best strategy for your needs to meet your optimal financial wellbeing and goals.

With the collective experience and deep understanding of both the payor and the provider, our team can help you evaluate and take advantage of every opportunity to obtain reimbursement from Medicare, Medicaid, and other third-party payors.



### Cost Report Strategies

The cost report is more than just a reporting mechanism; it is an important tool for ensuring that facilities are receiving the reimbursement that they are entitled to. Not only does it allow providers to understand their routine and ancillary costs, it also helps in the understanding of department profitability, the margin by payor, and other financial performance measures for the organization.

We understand the importance that cost reports hold for healthcare entities and have spent the past three decades developing specialized expertise that offers our clients confidence that they are optimizing the opportunities it presents. Having worked with Medicare Administrative Contractors and Medicaid Auditors nationwide, we offer a record of successful negotiations and appeals including success at the Provider Reimbursement Review Board.

## Revenue Cycle

Revenue cycle management is a critical part of any healthcare organization's financial health. As the healthcare landscape is evolving, financial challenges remain top of mind for healthcare executives. With complex price transparency regulation, site-neutral payments, and industry consolidation, it is important now more than ever to optimize your revenue.

With the expertise and guidance of our consultants, we provide clients with methods to evaluate and identify areas that impact reimbursement and quantify opportunities to improve revenue to ensure you get paid for the services you provide.

## Medicaid Services

Medicaid presents a unique set of challenges and additional reimbursement opportunities for hospitals and hospital systems, both prospectively and retrospectively.

Our Medicaid team has a broad range of experience with Medicaid reimbursement, operations, and reporting requirements. We stay apprised of evolving regulations and rulings to assist clients while maintaining compliance.

## Disproportionate Share Hospital Systems

Medicaid Disproportionate Share Hospital (DSH) payments are intended to compensate hospitals that serve a large number of Medicaid and uninsured individuals. These payments are vital to a hospital's financial wellbeing and have become increasingly more complex throughout the years. Our team's in-depth understanding and thorough experience with DSH payments and audits make us well-equipped to assist clients in this regard.

## Rural Health Services

Rural health is more than just a niche to us, it's a passion. Our team of former rural hospital CFOs and associates appreciates the role rural healthcare providers play in their communities. With first-hand experience of the unique challenges, we thoroughly understand how critical it is to optimize revenue.

Regardless of whether your system is a Rural Hospital, a Sole-Community Hospital, a Medicare Dependent Hospital, a Critical Access Hospital, a Rural Health Clinic, or a Federally Qualified Health Center, our consultants work with rural health entities to address reimbursement and payment issues through frequent communication and timely service.

## Volume Decrease Adjustment

There are many contributing factors that lead to a decrease in your hospital's inpatient volume, many of which may be out of your control. Sole Community Hospitals and Medicare Dependent Hospitals who experience a 5% or greater decrease in discharges and a loss on Medicare inpatient services, may be eligible for a lump-sum payment from Medicare known as Volume Decrease Adjustment.

Our team's decades of extensive knowledge and experience can help hospitals determine if they are eligible for these payments, assist in securing this additional revenue and assist with the appeals process if needed. We have a record of success with Medicare Audit Contractors nationwide, including successful outcomes at the Provider Reimbursement Review Board (PRRB) on volume decrease payment adjustments that have been upheld by the Centers for Medicare and Medicaid Services (CMS).

## Physician Services

A successful practice not only requires excellent clinical capabilities, but also the processes and technical expertise to ensure the practice maintains an efficient and compliant business operation. There is no substitute for the knowledge and experience that our physician services team members gain from working closely in the health care industry and with our clients.

With a strong passion for reimbursement, our team understands the needs of providers in all settings. Our understanding that a physician practice is unique and complex keeps us on the forefront of payment reform, OIG audits and other regulatory changes.



The Rybar Group is an independent member of the BDO Alliance USA, a nationwide association of independently owned local and regional accounting, consulting and service firms with similar client goals.



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